

**APPLICATION FOR SFWMD'S APPRAISER LIST
SFWMD.GOV**

NAME OF APPRAISER _____

PROFESSIONAL DESIGNATION & NUMBER FROM
MEMBER ORGANIZATION OF THE APPRAISAL
FOUNDATION _____

STATE-CERTIFIED GENERAL APPRAISER NUMBER _____

NO. YEARS OF APPRAISAL EXPERIENCE _____

FIRM NAME _____

FIRM ADDRESS _____

FEIN or SOCIAL SECURITY NUMBER _____

FIRM TELEPHONE NUMBER _____

FIRM FACSIMILE NUMBER _____

E-MAIL ADDRESS _____

ARE YOU A MINORITY OR WOMEN OWNED
BUSINESS? NO _____ YES _____

PROPERTY TYPES PERSONALLY APPRAISED WITHIN LAST 5 YEARS
(NOTE: THE DISTRICT APPROVES INDIVIDUALS **NOT** FIRMS)
**(COMPLETE THE ATTACHED FORM INDICATING PROPERTY TYPE, DATE,
COUNTY, CLIENT AND A BRIEF PROPERTY DESCRIPTION)**

CITRUS _____ ROW CROP _____ DAIRY _____ WETLANDS _____
MUCK _____ AG _____ SUGAR CANE _____ RANCHES _____
FISH CAMP _____ EASEMENT _____ SOD _____ RV PARK _____
MOBILE HOMES _____ TREE NURSERY _____ SPECIALTY FRUIT TREES _____
RURAL RESIDENTIAL _____ PERSONAL PROPERTY/EQUIPMENT _____
OTHER _____

PLEASE INDICATE COUNTIES IN WHICH YOU ARE
WILLING TO PERFORM WORK (APPROVAL WILL
BE BASED ON WORK EXPERIENCE)

MONROE _____ MIAMI-DADE _____ BROWARD _____ PALM BEACH _____
ST. LUCIE _____ MARTIN _____ ORANGE _____ OSCEOLA _____ POLK _____
OKEECHOBEE _____ HIGHLANDS _____ GLADES _____ CHARLOTTE _____
HENDRY _____ LEE _____ COLLIER _____

EXPERT WITNESS: YES _____ NO: _____
IF YES: ATTACH A SUMMARY OF YOUR WORK EXPERIENCE (FORM ATTACHED)

HOURLY RATE CHARGE: PRINCIPAL _____ STAFF APPRAISER _____ ASSOCIATE _____

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I PERSONALLY PARTICIPATED IN AND SIGNED ALL
APPRAISALS LISTED AS WORK EXPERIENCE CONSIDERED IN THIS APPLICATION.**

APPRAISER SIGNATURE

DATE

☆ **ATTACH: (1) CURRENT RESUME, (2) COPY OF STATE CERTIFICATION, (3) CERTIFICATE OF INSURANCE (SEE ATTACHED)**
☆ **PROVIDE A COPY OF A RECENT APPRAISAL ON VACANT LAND (PARTIAL ACQUISITION PREFERRED)**
**NOTE: THIS REQUIREMENT IS NOT NECESSARY IF APPRAISALS HAVE BEEN COMPLETED FOR THE DISTRICT WITHIN THE LAST
YEAR)**

DISTRICT USE ONLY

VERIFICATIONS:

RESUME: _____ DESIGNATION _____
STATE LICENSE: _____ EXP. DATE: _____
INSURANCE: _____ EXP. DATE _____

APPROVAL BY ARC:

YES _____ NO _____
DATE _____ BY _____